



## FEE TRANSMITTAL

*Complete if known*

Application Number: 09/887,789

Filing Date: June 22, 2001

First Named Inventor: Whitman et al

Group Art Unit: 3721

Examiner Name: Tran, Louis B.

Total Amt. of Payment: (1)+(2)+(3)= **\$465**

Attorney Docket Number: 3556-P03147US1

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within third month <u>465</u> Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned appl. _____ Petition to revive unintentionally abandoned appl. _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) _____ <b>SUBTOTAL (3) <u>\$465</u></b>																					
<b>FEE CALCULATION</b> 1. <b>FILING FEE</b> <b>Fee Description</b> <b>Fee</b> Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ <b>SUBTOTAL (1) <u>\$0</u></b>																							
2. <b>Claims</b> <table> <thead> <tr> <th></th> <th><b>Paid</b></th> <th><b>Extr</b></th> <th><b>Fee</b></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>28</td> <td>-31</td> <td>= 0    x 9 = 0</td> </tr> <tr> <td>Independent Claims</td> <td>-</td> <td>= 0</td> <td>  x 42 = 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2) <u>\$0</u></b></td> </tr> </tbody> </table>					<b>Paid</b>	<b>Extr</b>	<b>Fee</b>	Total Claims	28	-31	= 0    x 9 = 0	Independent Claims	-	= 0	x 42 = 0	Multiple Dependent (First presentation)				<b>SUBTOTAL (2) <u>\$0</u></b>			
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<b>RECEIVED</b> <b>JUN 25 2003</b> <b>TECHNOLOGY CENTER R3700</b>																							

Submitted By:

Typed or

Printed Name Donald R. Piper, Jr.

Reg. Number 29,337

Signature

Date June 16, 2003 04-1406

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